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ABSTRACT

This document is an indepth evaluation of the Allied Health Counselor Training Program. The document is divided into the following major sections: (1) Bibliographical Data on Participants; (2) Participant Counseling Skills; (3) Participant Attitudes; (4) Participant Perceptions of the Failure of Minorities to Enter the Allied Health Professions; (5) Participant Awareness of Allied Health Careers; (6) Evaluation of the Presenters and Consultants; (7) Participant Perceptions of the Minority Recruitment Problem; and (8) Points to be Stressed (Evaluator's View). (Author/JLL)

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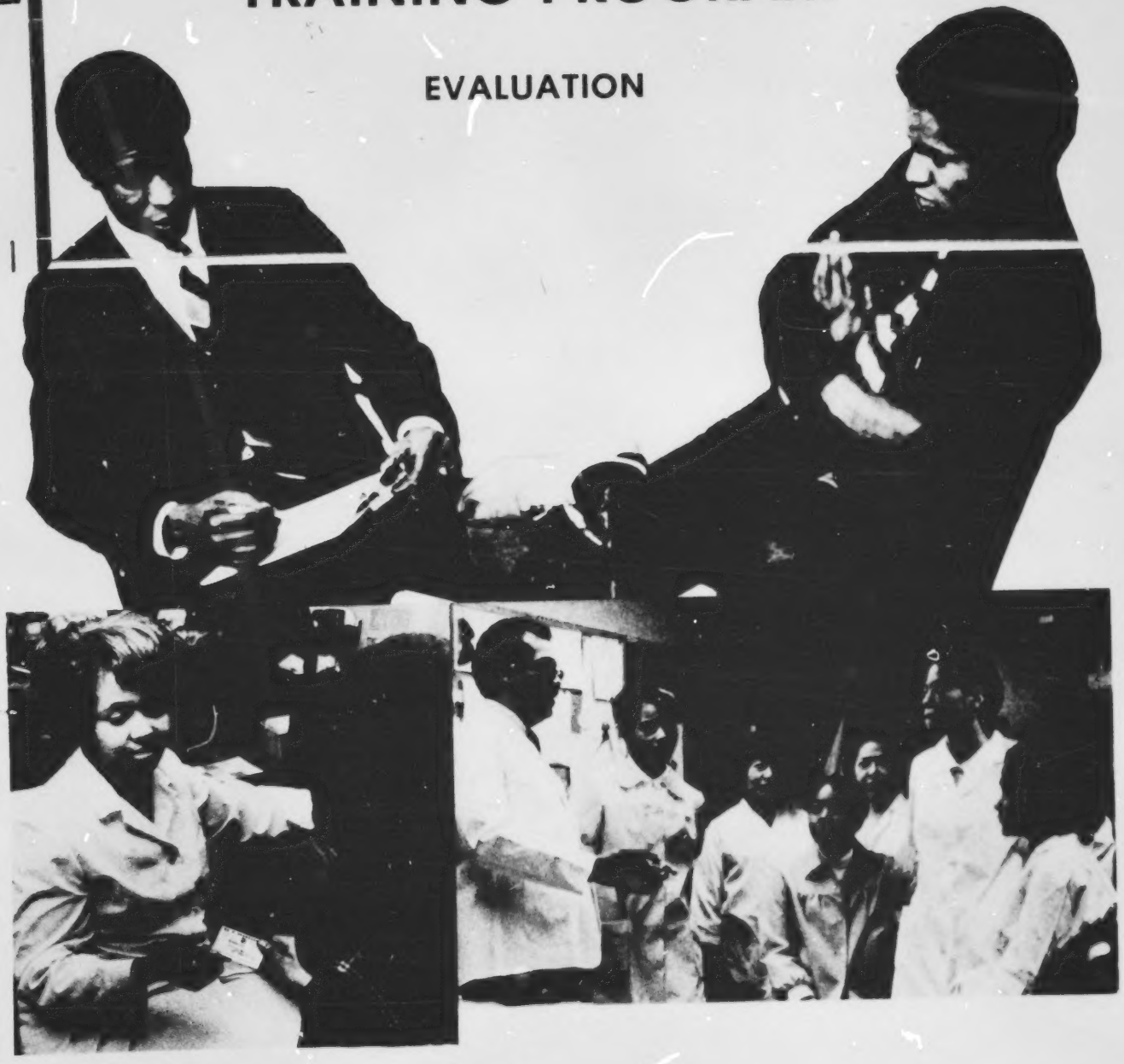
ALLIED HEALTH COUNSELOR TRAINING PROGRAM

EVALUATION



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INSTITUTE FOR SERVICES
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ALLIED HEALTH
COUNSELOR
TRAINING PROGRAM

EVALUATION

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ALLIED HEALTH COUNSELOR TRAINING PROGRAM

PROGRAM EVALUATION

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ALLIED HEALTH COUNSELOR PROTOTYPE
TRAINING PROGRAM

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ALLIED HEALTH COUNSELOR PROTOTYPE

TRAINING PROGRAM

There is an inadequate participation of minorities in the allied health field. This situation is one which demands the immediate attention of those persons most directly involved with steering students into these professions - high school and college science teachers and counselors. There must be a concerted effort on the part of counselors, science teachers and other interested individuals to develop an appreciation for the role that each plays in steering students into these necessary and vital career fields.

The basic objective of the training program is to provide the necessary training for the acquisition of skills and information that will facilitate the development of strategies for recruiting more minority and low socio-economic students into the Allied Health professions. Also, the program provided an opportunity for high school and college teachers and counselors to exchange ideas and information with students, other teachers and counselors, and people actively engaged in Allied Health fields.

The workshop involved the participants in various activities that will enable them to be effective in implementing the program objectives. The didactic phase, clinical experiences, and practical applications involved a mixture of theoretical presentations, media presentations formal and informal exchanges, participatory clinical demonstrations and actual counseling sessions that involved input from students, teachers, and counselors.

The resource consultants included people involved in the academic phase as well as the practitioners of Allied Health fields; recruiters in Allied Health programs; employers and consumer representatives; people actively involved in the study of barriers to minority and low socioeconomic group entry into Allied Health careers; teachers involved in the preprofessional Allied Health training.

Introduction

This document is an indepth evaluation of the Allied Health Counselor Training Program. An attempt will be made to examine the strengths and weaknesses of the program.

Evaluation was a major component of the project from its inception. Behavioral objectives were developed in the planning of the project and used in all phases of the program implementation.

Purpose

The purpose of the evaluation was developmental and constructive. The program, as designed, is a prototype for other programs to prepare teachers and counselors to counsel students into the allied health professions. Thus, the evaluation was constructed to determine the effectiveness of the program in achieving that objective. Five specific avenues were approaches in the

design of the evaluation instruments which serve as a basis for this report. These were:

1. To determine biographical data about the participants;

2. To determine the awareness of counseling techniques by the participants prior to the program such that a comparison could be made at the close of the training;

3. To evaluate the effectiveness of the program format immediately after its completion;

4. To determine attitudes of the participants toward the health sciences before and after the conference;

5. To determine the level and quality of participant activity in implementation of the program and/or its concepts three months after the close of the activity.

Organization of the Report

Each section of the report is based on data directly solicited by questionnaires designed specifically to evaluate the different aspects of the program. The sections are as follows:

1. Biographical data

2. Participant Counseling Skills

3. Participant attitudes

4. Participant Awareness of Allied Health Careers

5. Evaluation of the Presenters and Consultants

6. Participant Perceptions of the Minority and low socioeconomic group Recruitment Problem

7. Evaluator Program Suggestions

8. Summary

9. Three Month Follow-Up of Participants in the Training Program

Evaluation Procedure

Four instruments were used in evaluating the Training Program. Each was designed to evaluate one particular aspect of the process. At the beginning of the program each of the participants completed a pre-conference questionnaire. This questionnaire contained the following sections:

1. Biographical Data (completed responses required)

2. Attitude questionnaire (a seven point response continuum solicited attitudes on a wide variety of subjects)

3. Awareness of the Health Professions (completion responses required)

4. Perception of the Failure of Minorities and the disadvantaged to enter the Health Professions (completion response required)

5. Program suggestions (open-ended response required)

After the completion of each activity during the conference each participant completed a Presenter/Consultant Effectiveness Form. A candid evaluation of the presenter and his presentation was to be made.

At the close of the conference two forms of evaluation were carried out. Each participant completed a subjective evaluation of each presentation and a post-test which followed almost exactly the format of the pre-test. The similarity between the two instruments was calculated such that direct comparisons could be made between the responses of the participants at both ends of the training program.

The evaluation is designed such that in the analysis, (1) describes the program process, (2) indicates positive and negative portions of the program, and (3) makes constructive suggestions designed to improve the model. The result of the evaluation is taken into consideration in the final design of the training program.

Analysis Procedures

The data from the four instruments were analyzed primarily using descriptive statistics (because of the very small population involved). Comparisons were made where necessary, and the statistical significance of differences were determined where appropriate. On all open-ended response items, results were verified by the use of two other evaluators. Correlations were run between the perceptions of the two additional judges and those of the evaluator.

Limitations of the Evaluation

Part of the data collected was supplied well after the events occurred thereby relying on the memories of the participants for accuracy. In this way, limitations are placed on the evaluation. Likewise, when open-ended questions are evaluated there is always the possibility of misinterpretation. The sample size obviously makes generalization to the larger population unrealistic.

Perhaps the major limitation is based in the self-imposed task of the evaluation - that of attempting to evaluate the effectiveness of the program. Realistically, the effectiveness of this program should be determined after a period of three to five years of implementation. Short term (none to three years) effectiveness of the program will best estimated by what the participants are doing as a result of the experience once they have returned to their individual settings. For this reason of follow-up evaluation is built into the program at sometime toward the end of the academic year.

All conclusions are therefore drawn with the limitations in mind.

SECTION ONE

Biographical Data on Participants

This section contains data relevent to the characteristics of the participants in the Counselor/Teacher Training Program. There were eight (8) participants in the program at its inception. Two additional individuals joined the group later. Pre and post-test data are presented with cognizance of this difference in sample size.

During the first session, subjects were told to choose any four digit number and to place that number on any materials turned into the program coordinators throughout the training program.

Participant Occupations

Table I indicates that five (5) of the responding participants were teachers and three (3) were counselors. Two of the teachers were from high schools, three (3) were from colleges or universities. Three participants were secondary school counselors. The two who came late were a college recruiter-counselor and a high school science teacher.

Experience of Participants

Table 3 summarizes the years of experience which the responding participants had in their present positions. The mean years of experience was 5.9. The range was 16. The majority of the group (5) had less than nine (9) years of experience. Three had twelve or more.

Analysis and Summary of Biographical Data

An effective counseling system which seeks to improve the admittance of minorities into the health professions must contain input from at least four sources. High school teachers, high school counselors, college counselors and college teachers. The designers made a concerted effort to have representation from all four groups for an effective program.

In future implementation of the program, it is suggested that a much more extensive evaluation of the backgrounds of the participants be taken. It became obvious early during the conference that many of the participants were functioning at different levels. A concise evaluation of participant attributes prior to the conference would facilitate the selection and preparation of consultants and presenters. Sections of this report discuss this problem in some detail.

It is suggested also that a concerted effort be made to recruit experienced teachers and counselors into the training program. It is also suggested that school department heads, administrators, and others in positions that would positively influence the implementation of the program be recruited into the training program.

TABLE 1

Participant Work Settings

Setting		Number
Secondary School	6	
Teacher		3
Counselor		3
College or University	4	
Teacher		3
Counselor		1

TABLE 2

Breakdown of Participants by Sex

Sex	Number
Male	2
Female	8
Total	10

TABLE 3

Breakdown of Subjects by Number of Years in Present Position

	Number of Years	Frequency	
	2	1	
	3	1	
	4	2	
	9	1	
	12	2	
	17	1	
Total	47	8	Mean = 5.9 Range = 16

SECTION TWO

Participant Counseling Skills

This section relates data relevant to the general method exhibited by participants in handling themselves in counseling encounters with students. The nature of the instrument used in evaluating these behaviors necessitates some caution by the reader. The evaluation only speaks in general terms about these behaviors such that accusations of research impropriety will be minimal.

Description of the Thematic Instrument

While designing the evaluation instruments the evaluator constructed four statements, in paragraph form, which suggested association with a typical problem which a high school or college student would bring to a counselor or teacher. Each statement related to a slightly different problem and was identified with a different type of student. (See p. Appendix . Participants in the training program were asked to read each statement and respond to it in any theoretical or counseling frame which they desired. In order to facilitate a comparison between pre- and post-conference responses, the same four statements were used in both questionnaires. As a preliminary step to evaluating the responses, the evaluator read through each of the pre-conference responses and determined several categories on which all would be evaluated. A copy of this evaluation form can be found in Appendix p. . The evaluator then went through each response individually and checked off categories which were relevant to the response. Scores were accumulated for each response and across responses. Two outside evaluators with research and counseling backgrounds were asked to repeat the process for verification. The pre- and post- conference responses were coded such that the two outside evaluators were not able to identify them. All responses for each statement (pre-and post-) were then intermixed and evaluated as a group. They were separated only at the point wherein statistical evaluation took place. Correlation coefficients were then computed between the scores of the three evaluators on the pre-and post-test responses. Tables 4 and 5 depict these correlations. Relatively high correlations were found between the scores of the three evaluators on both sets of responses. On the post-test responses, evaluator B correlated .852 with evaluator C; evaluator B correlated .853 with evaluator A; and evaluator C correlated .779 with evaluator A. Likewise, on the pre-test responses evaluator B correlated .694 with evaluator C; evaluator B correlated .812 with evaluator A; and evaluator C correlated .793 with evaluator A, (A perfect correlation approaches 1.000).

Results

The combined scores of the three evaluators are depicted in Table 6 The data from each of the check list items are discussed below in terms of the most frequently indicated choices on the seven evaluation items.

"In terms of usefulness, the approach used by the counselor is--"

Forty-one percent (40%) of the responses to this item on the pre-test fell under the heading very generally usable, compared with sixty percent (60%)

TABLE 4

Inter Evaluator Correlations on Counseling Techniques Statements

Pre-test

	Evaluator A	Evaluator B	Evaluator C
Evaluator A	1.000	.812	.793
Evaluator B	.812	1.000	.694
Evaluator C	.793	.694	1.000

TABLE 5

Inter Evaluator Correlations on Counseling Techniques Statements

Post-Test

	Evaluator A	Evaluator B	Evaluator C
Evaluator A	1.000	.853	.779
Evaluator B	.853	1.000	.852
Evaluator C	.779	.852	1.000

of the post-test. Thus, the most typical response on the item for both tests was the very generally usable response. It appears that the conference had some effect on the counseling approaches of the participants. It is possible that the higher precentage of the post-test responses in this category indicates an increased awareness of appropriate counseling approaches. The evaluators perceived thirty-seven percent (37%) of the pre-test responses to be very narrow in approach, as compared with only twenty-seven percent (27%) of the post-test responses. Likewise, twenty-two percent (22%) of the responses were perceived as not usable at all on the pre-test, compared with only thirteen percent (13%) only on the post-test.

Conclusion

As a result of the training program, the participants appeared to have broadened their repertoires of possible counseling techniques. This indicates a positive correlation between the training program and the ability to develop useful approaches to counseling.

Table 6

Compiled Scores on Allied Health Counseling Technique
Pre and Post Test

Evaluation Criteria	Pretest Most often indicated response	Pretest Frequency	Pretest Percent	Posttest Most often indicated response	Posttest Frequency	Posttest Percent
1. In terms of usefullness the approach used by the counselor is--						
-very narrow		37	37		26	27
-very generally useable	XXX	40	41	XXX	59	60
-not useable at all		22	22		12	13
2. Does the counselor seem to have a clear theoretical orientation--						
-very clear		6	7		15	17
-clear	XXX	46	47	XXX	57	59
-not clear at all	XXX	45	46		21	24
3. In his approach to solving the individuals' problem, which of the following orientations is evidenced						
-an allied health emphasis		23	24	XXX	64	66
-a general helping emphasis	XXX	50	51		19	20
-an undefined emphasis		24	25		13	14
4. Does the counselor indicate the use of the following references						
-persons in a particular field		25	22		41	34
-printed or written material		33	29		45	36
-suggests no references at all		56	49		36	30

Table 6 (cont.)

Evaluation Criteria	Most often indicated response	Pretest Frequency	Percent	Most often indicated response	Posttest Frequency	Percent
5. In terms of technique, the counselor is--						
-giving friendly advice		6	7		7	8
-using accepted counseling techniques	XXX	52	54	XXX	66	74
-using no identifiable techniques		37	39		16	18
6. Is there a linear progression toward meeting the students needs--						
-very clear linear progression		7	8		19	21
-somewhat linear progression	XXX	43	45	XXX	47	51
-haphazard approach	XXX	45	47		25	27

"Does the counselor seem to have a clear theoretical orientation--?"

Seventeen percent (17%) of the post-test responses indicated very clear theoretical orientation compared with only seven percent (17%) on the pre-test. Forty six percent (46%) of the responses indicated that the participants had a clear theoretical orientation on the pre-test compared with fifty-nine percent (59%) of the post-test responses. Forty-six percent (46%) of the pre-test responses were perceived as not clear compared with twenty-four percent (24%) on the post-test.

Conclusion

The trainees appeared to have clarified and identified a theoretical perspective of counseling. However, it is suspected that the larger portion of it involved a logical organization of thought patterns as a result of being given a wealth of usable information with which to aid students.

"In his approach to solving the individual's problem, which of the following orientations is evidenced--?"

The evaluators perceived that fifty percent (50%) of the pre-test responses were of a general helping nature, compared with twenty percent(20%) on the post-test. Twenty-four percent (24%) of the pre-test responses were of an Allied Health emphasis compared with sixty-six percent (66%) on the post-test. Twenty-five percent (25%) of the pre-test and fourteen percent (14%) of the post-test responses were perceived as having an undefined emphasis.

Conclusion

One of the training program's major objectives was to make the participants aware of the need for a concerted allied health emphasis in their counseling activities. It would appear that, to a great extent, this was accomplished. They were quicker to transmit relevant data on the allied health professions to students because of an increased awareness of this type of information.

"Does the Counselor indicate the use of the following references--?"

Twenty-five percent (25%) and thirty-three percent (33%) of the responses, respectively, mentioned the use of persons in a particular field and printed written material in counseling the student on the pre-test. The corresponding percentages on the post-test were forty-one percent (41%) and forty-five percent (45%). On the pre-test forty-nine percent (49%) of the responses suggested the use of no references at all, while on the post-test only thirty percent (30%) failed to mention reference material.

Conclusion

There was a greater tendency for the participants to use reference materials in their counseling in the post-test situation than in the pre-test situation. Thus, they appeared to be aware of the fact that this data was available. The program emphasis in this area appears to have been accomplished.

"In terms of technique, the counselor is--"

Fifty-four percent (54%) of the responses on the pre-test were identified as having an element which was identified as accepted counseling technique, as compared with seventy-four percent (74%) on the post test. The percentage of those who were using no identifiable technique decreased on the post-test eighteen percent (18%) as opposed to the pre-test thirty-nine percent (39%).

Conclusion

Participants were very much technique oriented. Few fell into the use of friendly advice in their counseling techniques. Participants apparently became aware of the use of some form of techniques in their counseling. There were some positive influences on the trainees as a result of having participated in the training program.

"Is there a linear progression toward meeting the students' needs--"

Forty-seven percent (47%) of the responses were perceived as being somewhat haphazard in counseling approach on the pre-test and only twenty-seven percent (27%) on the post-test. Forty-five percent (45%) of the pre-test, fifty-one percent (51%) of post-test appear as having a somewhat linear progression toward meeting the needs of the student. Eight percent (8%) of the pre-test and twenty-one percent (21%) of the post-test responses possessed very clear linear progression toward meeting the needs of the student.

Conclusion

There was an appreiable decrease in the use of haphazard counseling approaches between the pre- and post-test situations. It would appear that there was an intervening variable, i.e. the training program, between the two situations which had some effect on the methodology of counseling used by the participants.

Suggestions

The participants in the Allied Health Training Program appear to have come to the program with varied skills. Many were at a somewhat low level. Responses to the Counseling Skills Questionnaire indicate that the format used for the Training Program is an appropriate mechanism for improving the counseling skills of individuals. The following suggestions are made for improving the format:

1. The emphasis on developing techniques for dealing with specific minority problems needs to be reemphasized. Minority categorization tends to be too broad a grouping. There are specific problems within many of the different minority groups which need to be confronted and emphasized. If there is expectation of increasing the number of Black and Spanish speaking people in the health professions, for example, then the program needs to face up to its emphasis on Black and Spanish speaking people.

2. More time should be spent on development of basic counseling techniques. Not only are there signs that this is needed for science teachers but also for counseling personnel. Thus, it is suggested that during the early phases of future programs more time should be devoted to basic counseling techniques.

SECTION THREE

Participant Attitudes

This section explores some of the general attitudes of the participants in the Allied Health Counselor Training Program. The questions were designed to determine the attitudes which the participants held relevant to certain personal, occupational and program expectations. Questions were included which would elicit the set of the individuals toward these precepts.

There were a set of twenty questions for both the pre-and post-tests. Subjects responded by indicating the intensity and direction of their feelings toward each item. Table 7 summarizes the responses to the items.

The twenty items were designed to give a picture of the perceptions of the subjects in five distinct areas. The responses are discussed under those five headings.

1. Role Perception
2. Attitude Toward Counseling
3. Attitude Toward Allied Health Education
4. Perceived Skill Level
5. Expectations

Results

Comparisons were made between the pre-and post-test responses. The "students test" was used to indicate some measure of statistical difference between the two sets of mean scores. These are displayed in Table 7. Only one item produced sufficient difference to indicate other than chance as an explanation of the change over the pre- and post-test situations.

There were no significant differences on any of the items in the tests; therefore, the results of the pre- and post-test were combined and the following is a discussion of this combination. Since the statistical results were not indicative of any trends, some subjective interpretation is included here.

Role Perception

Four questions were used to determine the attitudes of the participants toward their roles as educators (Questions 1, 14, 16 and 19). Participants disagreed strongly on the pre-test and only minimally on the post-test, with the contention that a teacher cannot do very much to motivate students to enter one profession over another (ITEM 1.) When asked, if they had experienced many of the frustrations of making a career decision which young people today are experiencing (Item 14), participants agreed only minimally on the pre-test and slightly strongly on the post-test. (See Table 7)

TABLE 7
SUMMARY OF ATTITUDE ITEMS-POST TEST

ITEM	PRE-TEST Mean	PRE-TEST Interpolated Mean	POST-TEST Mean	POST-TEST Interpolated Mean	t Score
1. There is not very much that a teacher can do to motivate students to enter one profession over another	1.000	Strongly Disagree	2.500	Disagree only Minimally	-.829
2. This conference provided me with specific information on how I can establish a program for recruiting minorities into the health professions.	5.250	Agree only Minimally	6.500	Slightly Strongly agree	-.244
3. I have gained some very definite ideas about the problems which minorities face in entering the health professions.	4.375	Agree nor Disagree	6.880	Strongly Agree	-.413
4. The failure of minorities to attempt to enter the health professions is primarily related to a fear of failure	4.000	Agree nor Disagree	4.750	Agree only Minimally	-.262
5. There is very little which can be done to change the psychological set which minorities have regarding the difficulties of entering the health professions.	1.500	Strongly Disagree	1.250	Strongly Disagree	-.248
6. Using the mechanism of "group interaction" is an extremely effective way of counseling students about entry into the health professions.	5.250	Agree only Minimally	6.500	Slightly Strongly Agree	-.227
7. Using books, pamphlets and other written materials available to students about the health professions has been a very effective way of informing students about different occupations.	4.880	Agree only Minimally	5.500	Agree only Minimally	-.254
8. I have a wealth of current knowledge about the many different health professions.	4.250	Agree nor Disagree	6.750	Strongly Agree	-.493
9. I have a good working knowledge of group processes.	5.130	Agree only Minimally	5.880	Slightly Strongly Agree	-.245
10. The career development of minorities is essentially the same that for the population as a whole.	1.750	Slightly Strongly Agree	3.750	Agree Nor Disagree	-1.299
11. Given the opportunity, I would feel perfectly comfortable conducting a "group experience" with a group of students	5.625	Slightly Strongly Agree	6.000	Slightly Strongly Agree	-.100
12. I am aware of what most career development specialist have to say about career decision making.	4.750	Agree only Minimally	5.630	Slightly Strongly Agree	-.239
13. I am aware of the high school requirements necessary for entry into the health professions.	6.130	Slightly Strongly Agree	6.750	Strongly Agree	-.120

TABLE 7 (Cont'd)
SUMMARY OF ATTITUDE ITEMS-POST TEST

ITEM	PRE-TEST Mean	PRE-TEST Interpolated Mean	Mean	Interpolated Mean	t Score
14. I experienced many of the frustrations of making a decision about a career which most young people today are experiencing.	4.880	Agree only Minimally	6.000	Slightly Strongly Agree	-.265
15. Young people today need counseling in social and psychological areas more so than in academic areas.	4.625	Agree only Minimally	5.630	Slightly Strongly Agree	-.271
16. I am very happy with my own career choice.	6.975	Strongly Agree	6.750	Strongly Agree	.018
17. Most counseling of students, as it is now performed, is a waste of time when it comes to helping them to make decisions about a career.	4.280	Agree nor Disagree	2.630	Disagree Only Minimally	-2.630**
18. Elementary and secondary education for minorities need to get back to strict attention to the "three R's" and away from attempting to meet the personal needs of students.	4.380	Agree nor Disagree	2.500	Slightly Strongly Disagree	-.803
19. If I can develop a detailed program for counseling and recruiting minorities in the health areas, I am confident that I would get backing from my superiors in setting it up at my home school.	5.500	Agree only Minimally	6.750	Strongly Agree	-.232
20. I feel that this four week program has been very beneficial in giving me skills in helping students to make career decisions.	6.625	Strongly Agree	6.500	Slightly Strongly Agree	.017

*Scale of Interpolated Means:

Numerical Score	Interpolated Mean
1.000 to 1.500	Strongly Disagree
1.501 to 2.500	Slightly Strongly Disagree
2.501 to 3.500	Disagree Only Minimally
3.501 to 4.500	Agree nor Disagree
4.501 to 5.500	Agree only Minimally
5.501 to 6.500	Slightly Strongly Agree
6.501 to 7.000	Strongly Agree

** Significance at the .05 level requires a t Score of at least 2.306

Subjects were asked if they were happy with their own career choices (Item 16). On both pre- and post-tests there was strong agreement that they were satisfied with career choices.

Item nineteen (19) attempted to determine if the participants felt confident that they could get the backing of their superiors in setting up a minority recruitment program back at their own settings. Pre-test results indicated only minimal agreement. Post-test mean was interpolated to suggest strong agreement.

Interpretation: Participants came to the training program with very positive perceptions of their ability to motivate and positively influence students. This attitude would seem to be required if the counselors hope to be effective in influencing students as specified in the Training Program.

The trainees appear to have reevaluated the processes involved in making career decisions. They were aware that they too experienced some frustrations in this area. They were very consistent in their own feelings of satisfaction with their career choices. It is felt that in order for an individual to understand the perplexity which students face in choosing a career the counselor must have, at least, logically examined his/her own earlier decision making processes. An academic re-thinking of the process is desirable. The test data tend to confirm this reexamination.

Participants felt that implementation of the program in their own settings was possible through their direct efforts. The data suggest that the program was influential in development of confidence by the participants. This would be expected, the conference been successful in presenting a viable program. It is suspected that this was the case. Long-term (3-5 years) study of the behaviors of the participants will make it possible to confirm this conclusion.

Attitudes Toward Counseling:

Five questionnaire items elicited data concerning the attitudes of participants toward counseling as a discipline (Items 5, 6, 11, 15 and 17).

Participants strongly disagreed with the statement "there is very little which can be done to change the psychological set which minorities have regarding the difficulties of entering the health professions" (Item 5). Pre-test and post-test responses were almost identical.

The trainees were open to using the group process in working with students to inform them about the allied health professions (Item 6.) Likewise, they slightly strong agreed that given the opportunity, they would feel perfectly comfortable conducting a "group experience" with students (Item 11.).

There was somewhat of a consensus that counseling needs to concentrate on helping students in social and psychological areas more so than in academic areas (Item 15.).

Interpretation: The data from these five items suggest a strong belief in counseling as a viable process for helping students to become fully functioning individuals. It tends to support the assumption that the realm of counseling is in helping students in social and psychological areas, as well as academic, and that career counseling in its present form in ineffective.

Attitudes Toward The Education Process:

Two items gave some indication of the general attitude of participants toward education (Items 15 and 16). Subjects responded with slightly strong agreement that students need counseling in psychological and social areas more so than in academic areas (Item 15.). This is consistent with the response to the statement "elementary and secondary education for minorities needs to get back to strict attention to the 'three r's' and away from attempting to meet the personal needs of students" (Item 18.). The trainees only slightly agreed with this statement.

Interpretation: The data seem to indicate that the trainees perceive the lack of rudimentary skills exhibited by so many students as a failure of the educational process.

Perceived Information Base:

Five Questionnaire Items sought the participants' perceptions of their information base (Items 3, 8, 9, 12 and 13). There was agreement among the participants that they had definite ideas about how to solve the problem of minority entry into the health professions. They, likewise, suggested that they had gained some definite ideas about the problems of minorities as a result of involvement in the training program.

At the close of the conference the participants indicated that they had a wealth of current knowledge about the many different health professions (Item 8.). Similarly, they suggested that they were in possession of a good working knowledge of group processes (Item 9.).

The end of the conference also found subjects in possession of an awareness of what most career development specialists have to say about career decision making (Item 12.). They also strongly agreed that they were aware of the high school requirements necessary for entry into the health professions (Item 13.).

General Summary:

A point must be made concerning the failure to achieve sufficient significance levels on the twenty attitude items. In every instance, there was a higher interpolated mean score between the pre- and post- tests, suggesting that there was increased awareness or competence on the part of participants. The failure for this difference to show statistically can be attributed to two factors:

1. The size of the sample was so small as to give too great a weight to each score. The result was that extreme scores had disastrous effects on other more likely scores;

2. The nature of the response continuum contributed to this effect as well. The seven possible responses allowed for greater dispersion than would have been preferred.

With these limitations in mind, the evaluator concluded that the Training Program format did contribute significantly to the change and/or development of attitudes of the participants.

Program Suggestions:

The following program suggestions have resulted from this summary of attitude items:

A direct and concerted effort should be made to confront some of the issues affecting education and counseling generally and these should be included as a part of the Training Program. Such issues as:

a. Place of education in society

b. Minority education-successes and failings

SECTION FOUR

Participant Perceptions of the Failure of Minorities to Enter the Allied Health Professions

This section discusses the notions which the participants had concerning the failure of minority individuals to enter the allied health professions. The results from the pre-test situation suggest the ideological shadow under which the counselors and teachers have been working in dealing with students. The post-test suggests a perceived enlightenment about the problem which has resulted from the influence of the Training Program.

Barriers to Entry of Minorities into the Health Professions as Perceived by Participants at the Beginning of the Conference

The participants were asked to draw upon their experience in working with students and determine their best perceptions of the reasons why minority individuals have not been admitted into the health professions. Table 8 summarizes this data. The participants were given eight choices and were also instructed to indicate other barriers which were not included in the list.

By indicating a first, second and third most significant barrier, it was possible to rank the barriers chosen by the participants. When the three responses were weighted, the following ordering was exhibited:

Most significant barrier:	Lack of adequate information on these areas
Second most significant barrier:	Lack of educational background
Third most significant barrier:	Irrational fear of scientific disciplines

TABLE 8

RANKING OF BARRIERS INDICATED BY PARTICIPANTS AS SIGNIFICANT TO FAILURE OF MINORITIES TO ENTER THE HEALTH PROFESSIONS

Pre-Conference

Barrier	Rank	Wgt.'d Freq.	Freq.
Lack of adequate information on these areas	1	16	7
Lack of educational background	2	7	3
Irrational fear of scientific disciplines	3	6	4
Institutional efforts to keep them out	4	3	1
Lack of encouragement from teachers and counselors	4	3	3
Lack of inner motivation	4	3	1
Lack of encouragement from home	5	2	1
Lack of financial support	6	1	1

The group, thus, seems to place much of the problem with the school. It is perhaps interesting to note that lack of financial support ranks low on the list of perceived barriers.

Barriers to Entry of Minorities into the Health Professions as Perceived at the End of the Training Program

The participants in the program were asked to summarize their perceptions of the barriers which minorities face in entering the health professions at the close of the program. The questionnaire provided three fill-in response items in which participants were asked to list the first, second, and third most significant barriers which minorities face in attempting to enter the health professions. These responses were interpreted by the evaluator and ranked as a group into the data presented in Table 9. The top three responses, which resulted from a weighted calculation, were:

Most significant barrier:	Lack of adequate information on these areas
Second most significant barrier:	Irrational fear of scientific disciplines
Third most significant barrier:	Lack of encouragement from teachers and counselors

The participants, at the close of the conference, placed the blame for the failure of more minorities to enter the health professions on lack of information or misconceptions about the information related to the health professions. They perceived the problem more from the student's perspective, suggesting that the major area for counselors to concentrate in correcting this situation is the presentation of correct information to students.

Three additional areas were mentioned as problem areas which were not mentioned on the pre-test. These were:

Rank 4	Lack of self-awareness
Rank 5	Students don't like science

TABLE 9

Ranking of Barriers Indicated by Participants as Significant to Failure of Minorities To Enter the Health Professions Post - Conference

Barriers	Rank	Wgt.'d Freq.s	Frequency
Lack of adequate information on these areas	1	13	5
Irrational fear of scientific disciplines	2	7	5
Lack of encouragement from teachers and counselors	3	4	2
Students feel you have to be a brain in these areas	4	3	2
Lack of self awareness	4	3	1
Lack of financial support	4	3	1
Lack of educational background	4	3	2
Students don't like science	5	2	1
Not willing to sacrifice time to reach goal	7	1	1

Rank 6 Students were not willing to sacrifice the time required to achieve a position in one of the health professions

It is interesting to note that "institutional efforts to keep them out" was not suggested by the participants at all.

Summary and Conclusions

A Spearman Rank order correlation coefficient was computed on the two rankings (pre-and post-test). This computation indicated a Spearman Rank of .548 which suggests that it is highly unlikely that there is no correlation between the two ranks (at the .05 confidence level a point of .564 was required). It does, however, suggest that the participants were in possession of a keen awareness of where the problem of minority participation in the health sciences lies. Likewise, the data would suggest that there was an extending of the thinking of the participants such that they identified other problems than those initially brought to the conference.

Recommendations:

The following recommendations are made as a direct result of the data received from this section of the report:

1. More attention needs to be paid to building upon the perceptions and resources of the participants in designing the experiences which the conference will include. A pre-test as suggested in the last section, which would look at the knowledge which the participants already have, would allow for more effective planning.

2. Having practicing professionals on a panel which actually discusses the problems which they faced in entering the health professions would be a useful tool in clarifying many of the problems for the participants.

3. There should be further study in the barriers to entry and implementation of means to alleviate them.

Personal View of Evaluator

Counselors are not adequately prepared to provide the information necessary to motivate students to enter these areas. Students are not adequately prepared by the schools to meet the challenges of health career training. Students have been instilled with an irrational fear of science. It should be clear that if the groups perceptions are accurate, then students will never get to the point where they try these careers until the situation is cleared up back at the elementary and secondary level.

SECTION FIVE

Participant Awareness of Allied Health Careers

During the clinical phase of the training program, the participants were introduced, in depth, to many of the allied health careers through presentations made by health professionals and through actual participation in practical experiences. This section concerns itself with the awareness which the participants have of the allied health areas. It explores this awareness prior to the beginning of the conference and at its close.

Preconference Awareness

In the preconference questionnaire the participants were asked to identify as many areas as they knew of which could be classifed as health careers. Table summarizes this data.

It will be noted that the majority of the subjects identified only eight (8) careers (the number following the career represents the frequency of identification) -- -- physical therapist (7), Dietician (7) Doctor (6), Nurse (6), Medical Technician (6), Inhalation Therapist (5), Dentist (5), Dental Hygienist (5). A total of forty-one (41) health careers were identified. However, most were identified by only one of the participants.

As a consequence of identifying the career, the participants were also asked to indicate whether or not they had sufficient information to counsel students about the career. Table 10 indicates that in only two areas did the majority of the participants feel thay they had sufficient information to aid students. Those careers were doctor and nurse. Only in twenty (20) careers were one or more of the participants confident in their knowledge of the career to a level wherein they felt they could aid students. The group indicated that they lacked the necessary information to counsel students in the remaining twenty one (21) careers which were identified.

Post Conference Awareness

Twenty-seven (27) health careers were included as part of the Training Program. Information was disseminated in the form of clinical sessions with a practicing professional, handouts and prepared materials by the program developers in the form of a manual. The participants were asked at the close of the conference to identify the competence level at which they perceived themselves in ability to counsel students effectively in these twenty-seven areas. Table 11 summarizes these results.

All participants indicated high to very high competence in their perception of their abilities to counsel students. Those areas in which clinical seminars were held appear to have solicited some what higher competance estimates from the participants.

TABLE 10

SUMMARY OF DATA RELATING TO PARTICIPANT AWARENESS

OF HEALTH CAREERS PRIOR TO THE BEGINNING

OF THE CONFERENCE

Health Career	Freq. of Identification	Number of Participants who indicated having sufficient information to counsel students
Physical Therapy	7	2
Nutritionist/Dietitian	7	4
Doctor	6	6
Nurse	6	6
Medical Laboratory Technician	6	5
Inhalation Therapist	5	1
Dentist	5	4
Dental Hygienist	5	1
X-Ray Technician	4	2
Nurse Aid	3	2
Radiologist	3	1
Pharmacist	3	2
Laboratory Technician	3	1
Health Care Administrator	2	2
Occupational Therapy Technician	2	0
Dental Laboratory Technician	2	2
Ward Clerk	2	1
Child Care Specialist	2	0
Psychiatrist	2	0
Cytologist	2	0
Audiologist Technician	1	0
Environmental Specialist	1	0
Marine Biologist	1	0
Physicist	1	0
Chemist	1	0
Respiratory Technician	1	0
Pathologist	1	0
Microbiologist	1	0
Psychologist	1	0
Medical Librarian	1	0
Pediatrician	1	0
Podiatrist	1	0
Optometrist	1	0
Oculist	1	1
Sanitarian	1	1
Para-medical Assistant	1	0
Clinical Lab. Assistant	1	0
Hospital Administrator	1	0
Dietary Aid	1	1
Veterinarian	1	1
Surgeon	1	0

TABLE 11

SUMMARY OF DATA INDICATING COMPETENCE LEVEL OF PARTICIPANTS IN COUNSELING STUDENTS AFTER PARTICIPATION IN THE CONFERENCE

Health Career	Mean	No. Resp.	Interpolated Mean*
			Above Average Competence
Electroencephalographic Technician	5.71	8 8	
Inhalation Technician	5.88	8	Above Average Competence
Inhalation Therapist	5.88		Above Average Competence
Optometric Assistant	5.75	8	Above Average Competence
Optometrist	5.75	8	Above Average Competence
Dental Hygenist	6.75	8	High Competence
Medical Laboratory Tech.	6.75	8	High Competence
Medical Technologist	6.75	8	High Competence
Cytotechnologist	6.73	8	High Competence
Medical Assistant	6.57	8	High Competence
Medical Record Technician	6.25	8	High Competence
Medical Record Admin.	6.38	8	High Competence
Certified Technician	6.00	8	High Competence
Radiologic Technologist	6.50	8	High Competence
Nuclear Medicine Tech.	6.25	8	High Competence
Electrocardiographic Tech.	5.88	8	Above Average Competence
Dentist	6.38	8	Above Average Competence
Pharmacist	6.13	8	Above Average Competence
Operating Room Technician	5.50	8	Above Average Competence
Physical Therapist	6.63	8	High Competence
Physical Therapist Assist.	6.75	8	High Competence
Veterinarian	5.38	8	Above Average Competence
Dietetic Technician	6.38	8	High Competence
Registered Nurse	6.13	8	High Competence
Licensed Practical Nurse	6.13	8	High Competence
Sanitarian	5.63	8	Above Average Competence
Dietitian	6.13	8	High Competence

1.00 to 1.50 No Competence at all
1.51 to 2.5 Little or no Competence
2.51 to 3.5 Low Average Competence
3.51 to 4.5 Average Competence
4.51 to 5.5 High Average Competence
5.51 to 6.5 Above Average Competence
6.51 to 7 High Competence

Recommendations

Data seems to indicate that the participants in the Allied Health Counselor Training Program possessed little usable knowledge of the many areas in the Allied Health field. The conference process seems to have been somewhat effective in providing the needed information to improve the competency levels of the participants in counseling students in the health areas. The following suggestions, however, are made to improve the information disseminating format and the method of determining the effectiveness of the prototype in providing that information:

1. At some time prior to the arrival of participants at the site of the training program, and preferably prior to the planning of the conference activities, participants should be identified and questioned as to their backgrounds and training. It should be obvious, if this is done, that the strengths and weaknesses of participants can become a significant part of the planning of the training program.

2. It is suggested that a more direct format be determined for facilitating the presentation of information on those careers not covered by a clinical seminar. There appears to be some benefit to making a formal presentation about the areas, over just providing the information in a manual. One suggested method for doing this would be preparation of a seminar or series of such, at which all of the clinical areas which do not have individual seminar sessions included in the program are presented. A good film could do this quite adequately.

3. Preparation and presentation to the clinical presenters of a rather specific and detailed outline of expectations would remove some of the ambiquity which was indicated by the participants (this problem is discussed in a later section of the report.)

4. A more effective means of evaluating the content which is effectively incorporated by the participants needs to be developed. This should be a short term as well as a long term goal.

5. Time should be provided which is for the specific purpose of letting the participants discuss among themselves the activities provided by the clinicals (as was done in the evening sessions or reinforcement activities explained in the traning manual).

SECTION SIX

Evaluation of the Presenters and Consultants

This section provides an evaluation of the presentations which were made during the Counselor Training Program. Participants completed a questionnaire concerning the effectiveness of each presenter and presentation. They were asked to indicate the direction and degree of their feelings about the presentation. Secondly, a summary, subjective evaluation was completed by each participant at the end of the conference. Participants were asked to state positive and negative points about each presenter and his presentation. Thirdly, the evaluation component of ISE made evaluations of the presenters. The overall summary is discussed below.

Summary:

The presenter/seminar evaluation was completely subjective and open-ended. Subjects were asked only to identify positive and negative points about each presentation. This section interprets the statements by the participants for the purpose of program development. The majority of the participants were concerned about the following issues as evidenced by their evaluative comments:

1. Quality of the Presentation. Where problems were mentioned, the organization of the presentation tended to be a large part of this concern.

   Recommendation: It is suggested that a great deal more uniformity of presentation and organization of material should be required of seminar and clinical presenters.

2. Enthusiasm of the presenters. In most instances participants picked-up on the level of enthusiam which presenters brought to their tasks. Where there was lack of enthusiasm, the presentation suffered.

   Recommendation: A more careful screening should be made of those individuals who are chosen to make presentations. This would involve compiling a list of individuals who are proven competent in this area or some form of direct interview or observation of each by program presenters.

3. Time allotted for presentation and discussion. Participants were concerned in a number of instances with the lack of sufficient time to go into depth with the seminar topics. Where depth was achieved, there tended to be insufficient time for discussion.

   Recommendation: Two possibilities exist for correcting this problem. One, the hour-and-a-half format, which was adherred to, should be extended to two-hours-and-a-half. Two, the program's evening sessions, described in trainer's manual, would provide the additional time.

4. Mode of presentation.
Participants saw three areas in which they were concerned with respect to the methods of presentation which were used by the presenters. These areas were (a) insufficient use of audio-visual aids (b) presentation of lecture too structured (c) presenter promised additional materials but failed to follow-through.

Recommendations: Concerns (a) and (b) could be attributed to the time schedule of the program. Concern about promised materials never arriving could be handled by assigning a support person to keep note of these areas and see that the consultants follow-through.

TABLE 12

PARTICIPANT PERCEPTIONS OF AREAS WHEREIN THE ALLIED HEALTH TRAINING PROGRAM COUNSELING SEMINARS AND/OR PRESENTERS WERE EFFECTIVE

Positive Sections of the Presentation	Number of times point was mentioned	Percent of total responses
Participant indicated that excellent material was presented during the seminar	38	46%
Participant indicated that the presenter was sympathetic and understanding to the needs of the group	2	2%
Participant perceived that the presentation was well organized	4	5%
Participant indicated that the presentation was very informative	2	2%
Participant indicated that the information provided was interesting	15	18%
Participant indicated that the presenter(s) was/were personable and enthusiastic	4	5%
Participant indicated that the presenter(s) was were good facilitators	16	20%

TABLE 13

PARTICIPANT PERCEPTIONS OF AREAS WHEREIN THE ALLIED HEALTH TRAINING PROGRAM COUNSELING SEMINARS AND/OR PRESENTERS WERE INEFFECTIVE

Presentation Failure	Number of times failure was mentioned	Percent of total responses
Participant indicated no failings of the presentations	20	33%
Presenter used poor techniques: Read too much, lectured, failed to give feed back, failed to send promised materials.	7	11%
Presenter not well organized: Objectives not clear, materials inadequate	13	25%
Presenter not willing to accept ideas of participants	15	26%
Presenter outlook unrealistic: inconsistency between word and action	6	10%

TABLE 14

PARTICIPANT PERCEPTIONS OF AREAS WHEREIN THE ALLIED HEALTH TRAINING PROGRAM CLINICAL SECTIONS AND/OR PRESENTERS WERE EFFECTIVE

Positive aspects of the presentation	Number of times point was mentioned	Percent of total responses
Participant indicated that excellent material was presented during the clinical	49	47%
Participant indicated that the presenter was sympathetic and understanding to the needs of the group	2	2%
Participant perceived that the presentation was well organized	22	21%
Participant indicated that the presentation was very informative	4	4%
Participant indicated that the information provided was interesting	1	1%
Participant indicated that the presenter was very personable and enthusiastic	25	24%
Participant indicated that the presenter was a good facilitator	2	2%

TABLE 15

PARTICIPANT PERCEPTIONS OF AREAS WHEREIN THE ALLIED HEALTH TRAINING PROGRAM CLINICAL SECTIONS AND/OR PRESENTERS WERE INEFFECTIVE

Presentation Failure	Number of times failure was mentioned	Percent of total responses
Participant indicated no failings of the presentation	32	64%
Presenter used poor techniques: read too much, lectured, failed to give feed back, failed to send promised materials.	6	12%
Presenter not well organized: objectives not clear, materials inadequate	11	22%
Presenter not willing to accept ideas of participants	1	2%
Presenter outlook unrealistic: inconsistency between word and action	1	2%

Participant Over-All Conference Evaulation

The Training Program participants completed seven questionnaire items at the end of the program which asked them to give a general evaluation of the different aspects of the program. Table 16 depicts these responses. The data suggests that all aspects of the Training Program were well received by the participants.

TABLE 16

SUMMARY OF OVER-ALL CONFERENCE EVALUATION ITEMS

	Item	Mean	Interpolated Mean
1.	The seminar topics were	5.88	Slightly relevant
2.	The seminar presenters were	5.86	Slightly relevant
3.	The conference was	5.71	Slightly well organized
4.	The conference setting was	6.71	Excellent
5.	The materials passed out were	6.71	Very relevant
6.	The ISE staff was	6.57	Very helpful
7.	My accommodations were	5.57	Good

SECTION SEVEN

Participant Perceptions of the Minority Recruitment Problem

This section contains data relevant to perceptions which the participants had at the beginning of the conference concerning the failure of minorities to enter the health professions. It is included here as a separate section for two reasons. One, it is a candid perception, in their own language, by each of the participants of their evaluation of the problem prior to the beginning of the training process. It, thus, expresses the depth of thought which the participants had been involved in and the mechanisms they had called upon in their counseling when confronted with the issues in their jobs. Inherent, also, is a level of expertise and evaluative skill which each possessed. The participants were asked to respond to <u>two</u> free response questions in any way which they desired. Each question and actual (unedited) response of the subjects are included below.

In as many words as you feel are necessary, define the problem.

Reply #775-4164 The problem is that there is a lack of information and awareness a counselor to intelligently help students to make wise decisions in areas of health careers.

Reply #1729 The problem is that according to the total population of minorities, a very small number of them are entering the health fields.

Reply #1547 The problem is one of changing attitudes about who should enter various health professions and the level of difficulty of course requirements (in high school and college.)

Reply #7777 Most of the students entering Med. Technology (one example) have no idea what a medical technologist is or what the requirements are to complete this curriculum. They have seen people working in a laboratory and think this is impressive. But all students want to avoid math, biology, and chemistry the first year of college.

Reply #2575
1. Poor self-concepts among Black students
2. Lack of information regarding careers, higher educational opportunities and financial resources.
3. Minorities experience poor educational experiences; are not exposed to a variety of extra-curricular activities which lend support to academic experiences, etc.
4. There are no planned programs for recruiting students into the health professions.
5. The lack of knowledge about health careers, city counselors and the lack of time to work adequately with minorities.

Reply #2210 The problem is minorities are not adequately represented in Allied Health fields. There is a need for them in health careers as well as service to their people.

Reply #32427 There is a need for more individuals to enter Allied Health Careers. Despite the need for more trained personnel, fewer Blacks are entering.

Conclusions:

The participants in the Training Program tended to identify the problem of minority entry into the health fields as one of lack of information by students about the fields and the failure of teachers and counselors to be knowledgeable in providing this needed information. There is an obvious recognition of the need for improving the numbers of minorities in these areas, however, for the most part no new insights can be gained from the defining of the problem by the participants at the beginning of the conference.

It is the intent of the evaluator to use the responses of the participants in evaluating their behaviors at a time in the future. At that time each participant will be asked to identify the problem again. Comparisons will then be made between the two sets of responses for the purpose of determining growth, or any new thinking which the participants have acquired over a longer period of time.

Provide what you see as a solution to the problem (Actually organize a program for solving the problem)

Reply #775-4164 Orientation of counselors, administrators and teachers of all the needs, opportunities and financial aid for black students in health fields.

This should be started (with the students) at the elementary level.

Reply #1729 The solution to the problem may be:

1. In Junior High school, specifically the eighth grade when the 15 career clusters are presented, make a special effort for health careers such as:

   a. Movies - Health Council has some good ones.
   b. Speakers - Those from whom students can use as a model.
   c. Emphasize the educational goals necessary to enter a health career, specifically, science and math.

2. After presenting the information to the whole group--divide the groups into interest areas and go into it in more depth.

   a. Field trips to local hospitals.
   b. Research in the library during class time.
   c. Encourage students to talk to people working in that field.

   In the tenth grade the same process as the eighth grade should be repeated to pick up those youngsters who are not sure. To enhance and make clear the goals of those students

who are committed to a career in the health field.

Also in the ninth grade a good tutoring system should be initiated to help those students over the first six to eight weeks in algebra and biology.

Also, I feel in-service training for science teachers is needed. I don't feel their subjects are as hard as they make them to be. At least I have not found it to be so.

Reply #1547

We need to provide workshops and group sessions dealing with our concepts, attitudes, and myths about black children. We need to address counselors to the various careers available in specific areas and the requirements, duties, expectations of these specific career areas. We also need to do some on-the-job observations for the purpose of determining what is expected in the world of work, be it health related or industrial.

Reply #7777

Make students aware of the rigid self discipline and study habits they have to acquire during high school so that when they arrive on the college campus they are ready to achieve the high scholastic standings required to satisfactorily complete the programs. Many students are capable of achieving a higher scholastic average but many fail to pursue them until they are Jrs., or Srs. in college. Many students have told me, "If I would have realized I could not enter Med. Tech.. with a "C" average, I would have stayed up a few nights and studied"!

Reply #2575

Due to time I will briefly suggest an outline of a program for solving the problem:

1. The following elements should be considered for any program developed to recruit minorities into the health professions:

   a. An indepth conceptualization of the Black experience and how it relates to career development for minorities.

   b. A comprehensive program that begins at the elementary level and is expanded through junior and senior high and includes the college level.

   c. The development of various media-written and audio/visual to provide concrete information to students concerning specific careers, development of self-awareness, and areas related to general career development.

   d. A diverse program consisting of individual counseling; group discussions; field trips; interviews; various audio/visual displays; media; speakers; and instruments for developing self-awareness.

e. A program that includes consistent and adequate counseling throughout a student's educational experiences.

f. Though one may develop an excellent counseling program, the curricular should be supportive of goals. Minorities are often limited by a poor curriculum or insensitive teachers.

Reply #2210

In order to solve this problem minorities must be encouraged, to an acceptable degree, to enter Allied Health fields.

1. Administrators should be made aware of the problem as well as the means for solving it.

2. Design a program to familiarize teachers, whose subject matter is directly related to health professions, with the requirements and responsibilities of these professions.

3. Counselors should have a "working" knowledge of the responsibilities of various health professions.

Reply #2427

An awareness conference on the various occupations in Allied Health for administrators, counselors, teachers, and students.

Small group counseling of students with an interest in Allied Health.

Individual counseling for students to elect courses that will prepare them in an Allied Health Career.

Mini-course for Introduction to Allied Health Careers. Grouping of these students.

Conclusions:

The solutions which the participants provided to solving the problem of minority participation in the health sciences tended to emphasize the need for getting proper information into the hands of students, counselors, teachers and administrators. The responses discussed here perhaps give the best estimate of the expectations of the participants of the conference. It would appear that these expectations and those of the conference organizers are congruent.

SECTION EIGHT

Points to be Stressed (Evaluator's View)

This section pulls together the many suggestions which were made by the evaluation team as a result of examination of the three questionnaires and personal observation (by one evaluator) of the training process.

The general consensus of the evaluation team is that the process has great merit for accomplishing the goals which were set. The following suggestions are offered:

1. Clear and concise objectives need to be stated for each of the seminars and presentations such that there is no confusion with respect to the consultant understanding his/her task. Some form of contract system needs to be established by which the program states its objectives and sends them to the consultant. The consultant, in detail, then states his objectives and the mode of accomplishing them, signs the contract and returns it. These should then be carefully scrutinized by the program developers for match with established objectives.

2. Emphasis should be placed on developing skills in dealing with specific minority problems. Facing up to the fact that minority implies black, spanish speaking or any other specific minority can directly alleviate this problem.

3. More time should be spent on developing specific counseling techniques. The diversity of backgrounds warrants this conclusion. Some form of pretest would give an indication of the depth with which counseling skills should be dealt.

4. A means should be available to incorporate the pretest findings, profile information, and other feedback from the participants into the selection and structure of seminars and presentations.

5. By effectively using tours of various health facilities, more careers could be introduced.

6. The training process should include opportunities for discussion of the techniques and information presented in the sessions.

THREE MONTH FOLLOW-UP OF PARTICIPANTS IN THE ALLIED HEALTH TRAINING PROGRAM

THREE MONTH FOLLOW-UP OF PARTICIPANTS IN THE ALLIED HEALTH TRAINING PROGRAM

INTRODUCTION

Approximately three months after completion of the Allied Health Teacher-Counselor Training Program, the eight participants in the program were sent a follow-up questionnaire. There were several specific objectives for gathering this information:

1. The training program was a prototype. It was designed to serve as a model for other similar programs. Thus, prior to further implementation, the designees wished to determine any long term effects which it had on the participants.

2. The participants were encouraged, during the training program, to design a program for implementation in their own home settings. The follow-up was thus, designed to determine the involvement of the participants in implementation of their programs.

3. Supervisors, administrators and teachers were to be a part of the participants' designed program. The follow-up attempted to determine the attitudes, perceptions, and suggestions which these individuals had.

DESCRIPTION OF THE DATA GATHERING INSTRUMENT

The participants were mailed a questionnaire which solicited subjective judgements concerning the experiences which they had in the Training Program. Fifteen specific items sought responses related to these perceptions. This follow-up evaluation is discussed using these fifteen items as major headings. Seven participants returned the questionnaire at the time of compilation of the report.

DESCRIPTION OF RESULTS

Q. "What aspects of the January Training Program have you found to be most useful?"

Typical responses included the following:

- Being exposed to the various health fields.
- Being able to experience the actual setting wherein health professionals work.
- Being able to talk with and exchange ideas with individuals like myself from other school systems.
- Being given the means for gathering information about health professions.

Conclusions:

The participants suggest that the experiences they gained during the clinical sessions of the program were most useful to them in their jobs. The meaningfulness of actually being able to touch, see and experience are emphasized by each of them.

Q. "What specific problems did you run into in implementing your program?"

Only one participant indicated difficulties related to her attempts to implement a program in her school. Her responses are, thus, not typical, However they do offer insight which is relevent to the objectives of the program. Her perceived problems were:

- A resistance by the other teachers and administrators to average students entering higher mathematic and science courses.
- Disbelief by teachers that minority students do not have the same opportunities to enter any field just as do their white counterparts.
- Disbelief by counselors that they have a tendency to counsel minorities out of science and math courses.

Conclusions:

The majority of the participants could not identify problems related to implementing their programs. They, as later responses indicate, instead had no major problems in implementation.

Q. "What is the extent of implementation of your program?"

- One (1) participant indicated that she was using the program in her counseling only;
- Four (4) indicated that they had shared the information with other teachers and counselors in their schools and they were using it as well;
- Two (2) had an organized program which was in operation;
- Two (2) indicated that the program was in the planning phase for system wide implementation;
- One (1) indicated that the program was, at the time of the follow-up, in operation on a system wide basis;
- One (1) indicated that planning was now in progress for a training program involving teachers and counselors.

Conclusions:

All of the participants indicated some degree of implementation of the program in their own schools or school systems. It appears that they have made efforts to share the information with others and to make maximum use of the training which they received.

Q. "What positive and/or negative comments have you received from your immediate supervisor (s) about the program or its implementation?"

Typical responses included the following:

-"My immediate supervisor feels the program is good and has asked all counselors (city wide) to become involved in this type of effort."

-"My supervisor feels that a pilot program using the materials I have should be started immediately."

-"My supervisors have been very receptive to the program."

Conclusions:

It appears as though some of the immediate supervisors were counselors themselves. They were perceived by the participants as sympathetic to the program and enthusiastic about implementation. For the most part, supervisors have accepted the program as being a very high quality, and seem pleased that the participants were able to be involved.

Q. "What comments have your administrators made about the program or its implementation?" (positive and negative)

Typical comments:

-"about half the administrators think the program is good;"
-"Administrator was pleased with the meaningfulness and quality of the program and materials;"
-"Administrators have been interested in the progress of the program;"
-"Administrators have provided funds to take students on field trips."

Conclusions:

Most comments from administrators appear to have been positive. One participant, however, indicated receiving less than complete cooperation from the administration. She suggested that many of the concerns which they (the administration) had were related to the lack of minority orientation and awareness in the school.

Q. "What specific changes would you suggest in the training program to improve its effectiveness?"

Typical suggestions were:

-"Provide a source book which lists the colleges in each state where the Allied Health programs are offered."
-"Provide a booklet which explains the how and where of financial aid application."
-"Limit the amount of time spent in certain aspects of the program so that more time can be spent in the clinical sessions."
-"Schedule less counseling sessions or improve the quality of presentations."
-"Spend more time on the practicum."
-"Avoid use of 'ready made' visual aids; produce relevant and current materials related specifically to the objectives of the program."
-"Provide a session on visual aids geared to participants' needs."
-"Shorten the length of time (four weeks was too long)."

Conclusions:

Participants were willing to exclude other aspects of the program in favor of the clinical and practicum sections. Other suggestions related to content and methodology are accepted without interpretation.

Q. "How do you perceive your program in the future?"

- One (1) participant indicated that her program needed a great deal of

modification but that she will try to implement it in the future.
- One (1) participant suggested that her program has been partially effective and that she will continue to use it in the future.
- One (1) participant indicated that she is very satisfied with the program and looks forward to using it in the future.
- Three (3) participants indicated that their programs have been overwhelmingly effective and that they will be expanding in the future.

Conclusions:

All respondents indicated some positive perception of the programs, which they had set up, as a future endeavor. Over half were overwhelmingly enthusiastic about their programs.

Q. "What has been the reaction of the students you have worked with using the materials and techniques picked up from the Training Program?"

Conclusions:

All participants indicated that moderate to great numbers of students had made use of the materials and techniques which were picked up at the Training Program.

Q. "How competent do you feel to counsel students when they have problems or questions in the Allied Health area?"

Five (5) of the participants indicated that they felt very competent in counseling students who had problems or questions in the Allied Health area; one (1) indicated that he felt totally competent.

Conclusions:

Participants seem to feel that they have achieved a level of expertise such that they are not afraid to attack problems in this area. As suggested in other sections of this report they feel that certain other materials would be helpful, however, this has not limited their feelings of competence in working with students.

Q. "What specific questions have you felt inadequate to answer?"

- One (1) participant was concerned that he did not feel competent to answer questions for students related to applying for and receiving financial aid for attending an Allied Health school.
- The remaining five (5) participants could not think of questions with which they were not able to deal.

Conclusions:

Participant competence level appears to be sufficiently high that even if they do not have answers, they do know where to go to find them.

Q. "What materials would you like to see produced which would be helpful to you in your counseling of students in the Allied Health areas?"

Typical responses:

- One source book with detailed information about all the Allied Health Careers.
- Up-to-date and appropriate visual aids about the Allied Health areas.

Q. "How have other faculty members in your setting become involved in the program you have established?"

Responses included the following:

- I am in the process of setting up math and science laboratories to give remedial work in those areas;
- The librarian has offered to help run a tutorial program by providing space and supervision in the library for tutoring;
- The principal is very involved in the process of developing the tutorial program;
- Teachers have encouraged some students to seek the kind of information which I have;
- Biology teacher is doing a unit on health careers using my materials;
- English teachers are assisting students in writing for more information on health careers;
- Teachers have encouraged students to take science courses earlier to prepare for health careers;
- The librarian has set up a health careers corner using my materials;
- Teachers are co-sponsoring an Allied Health Science Club;
- Other counselors have given recommendations and suggestions for advancing the program.

Conclusions:

The interest of other faculty members in the Allied Health Program

seems to be very high in most schools. Five of the participants indicated varying degrees of faculty interest in the program. All but one (1) participant indicated an on-going involvement by other faculty members.

There is a very noticeable tendency for auxiliary programs to develop as a result of the participants sharing information with other teachers and counselors.

Q. "What community resources have you made use of in relation to your implementation of the program?"

- Brought in health career people to talk with students in a career activity;
- Made contacts with hospitals and health facilities in the area to determine health resources;
- Contacted volunteer health agency for placement of one of my students as a volunteer for this summer.

Q. "In general how do you feel about the clinical experience which you had in the Training Program?"

The following responses were reported by the six of the participants who completed the follow-up questionnaire:

-"This part of the (Training Program) was excellent. There is not one from which I did not learn a great deal;"
-"Most of them were very informative and well organized;"
-"The clinicals provided (an) opportunity to see and related what was learned (during the Training Program.) The presentations and interaction in most (cases) were helpful. Information shared and materials provided have been useful in my programs here in_____;"
-"The clinicals furnished me with the information I needed to discuss Allied Health Careers with students in the classroom and on an individual basis. I feel a very thorough coverage was made (of the material), and it has been very useful in motivating and counseling students;"
-"Valuable for counselors or high school science teachers;"
-"I feel that the clinical sections were valuable in every way."

Conclusions:

The participants are very positive about the clinical experience which they had during the Training Program. They felt that this section was best organized and presented of any of the major parts of the program.

Q. "In general, how do you feel about the counseling seminars in which you participated during the training program?"

The participants indicated the following responses:

- Overall (the seminars were) very good. (Specifically), the career development (presentation was) excellent. Awareness of what one should get from the seminar and to whom the information was to be disseminated was good; it would have been excellent had (the presentation) been in more depth. The (presentation) on how to deliver information did not take into consideration individual personalities nor specific settings. I have found the (section) on politicking (to be) valuable. I have found the pessimistic outlook of the speaker (who presented the topic) on the quality of students who come out of our educational institutions to be racist. The counseling of the students from the local area was good in that it made the negative image which the counselor and science teachers (have, real for me.). The information on cutbacks in counseling funding was enlightening. The section on interpretation of standardized tests for black students was good.
- Some were <u>good</u> to <u>very good</u> but some were confusing and discouraging.
- The career-interest questionnaire has been used with some modifications. Certain other specific materials have been put to use.
- The counseling seminars provided me with additional techniques that have been helpful in stimulating student interest in Allied Health Careers.
- (The counseling) was helpful in that it made me realize what students expect from counselors and science teachers.
- The seminars were informative and have aided (me) tremendously with advising students (who have indicated an) interest in Allied Health.
- I feel that the counseling seminars aided the performance of the participants in the practicums. At the beginning of the training program I saw no need for them, but when (preparing) for the practicum, I understood how necessary they were.

<u>Conclusions:</u>

The participants were seemingly better able to appreciate the counseling seminars in retrospect. There were specific sections which tended to appeal to each of them. They indicate the applicability of much of what they learned to their jobs.

Q. "In general how do you feel about the <u>practicum</u> section of the Training Program?"

The participants indicated the following responses:

- It would have been beneficial to have had the participants go through their (practicum) presentations with each other before presenting them to the (students). Also, it would have been helpful had we been given

a specific core of information to present after discussing it with each other. I found the video-tape (of the practicum sessions) very useful in helping me to realize the many mistakes I made.

- The acceptance and interest in the Allied Health Program in our school by students, teachers and administrators is a (direct) result of the practicum experience. I don't feel I could have stimulated this degree of interest (had I not undergone) this special training.
- (I feel that the practicum was helpful) in every way.
- I had no idea of the amount of information I received during the Training Program until I began preparing for the practicum. It was very (helpful in) building confidence. I think it should be retained as an integral part of the training program. I propose (a practicum) at the college level and one at a lower grade level.
- The practicum with the use of video-tape was a beautiful idea. The evaluation session helped me to use something from all of the presentations in my program.

Conclusions:

The participants saw the practicum as a vehicle for pulling together all that they had learned during the training. They tend to admit that the practicum produced some tension in them, in that they were forced to call upon their experiences during the training and put them to work in a real setting.

General Summary

With the response of the participants the evaluator was able to formulate the following program conclusions and suggestions.

1. The participants felt that a greater emphasis should be placed on the clinical sessions in organizing future training programs.
   The point is well taken. More and better organized clinical sessions should become a part of the training. However, the evaluator feels that this should not be done at the expense of or by diminishing the counseling sections, as many participants suggested.

2. The participants were in agreement over the merits of the practicum section of the training.
   It is suggested that this section should be greatly expanded. The major emphasis of the practicum came during the latter weeks of the program. Attention should be paid to providing more practicum experiences throughout training.

3. The participants felt that the counseling sections were not adequately prepared or presented.

   There were a large number of significant but unrelated materials which were required to meet the objectives of the program. To alleviate this problem in the future, participants should be given a clear view of how each section is related to its parts and to the other sections as will. Some form of summary session at the end of each day should be instituted.

4. Participants were concerned about developments of a single source book which contained information about the Allied Health Careers, e.g. financial aid, colleges offering programs, media presentations, written materials, etc.

   Such a source book was developed (trainee's reference guide).

5. Most participants were seemingly at a high motivational level with respect to their interest in implementing the programs in their home institutions.

   It is suggested that the program organizers keep contact with participants, providing materials and encouragement, until such time as programs are well established. Failure to do so may result in a decline of interest and enthusiasm.

   At least one participant seems to be well along in setting up a very viable program. Information on this individual's program should be shared with the other participants. Perhaps an on-site visit by the other participants would be an appropriate mechanism for accomplishing this.

6. The effectiveness of many of the participants' programs seems to rest in their ability to get others in their settings involved.

   Some form of strategy should be developed for helping participants to get teachers, counselors and administrators involved in the program. Specific suggestions or "game plans" should be designed which can be suggested to the participants in accomplishing this task. This was done as part of the training activity.

On-Site Evaluations

To evaluate the trainees' utilization of the assisting skills and information presented in the workshop, on-site visits to the participating institutions were made. Some factors looked at during the visits were: past, on-going, and planned activities; administration support or constraints; evaluation by immediate supervisors; student reaction; faculty involvement and reaction; self-evaluation.

Institutions participating in the site visits:

East High School
Cleveland, Ohio

South High School
Cleveland, Ohio

Clark College
Atlanta, Georgia

George W. Carver Senior High School
New Orleans, Louisiana

Booker T. Washington Senior High School
New Orleans, Louisiana

Scotlandville Senior High School
Baton Rouge, Louisiana

Southern University
New Orleans, Louisiana

Tennessee State University
Nashville, Tennessee

Activities of the trainee:

- presentations to various groups, e.g. teachers, counselors, community groups, students, etc.
- establishment of Allied Health Careers Information Centers - several centers are located in school libraries
- establishment of Health Careers Clubs
- field trips to health facilities
- discussions among students and health professionals
- arranging volunteer services by students in health facilities
- film and slide presentations
- initiation of preliminary arrangements for establishment of tutorial services
- college-affiliated trainees engaged in recruitment activities for their health profession programs.
- identified and contacted community agencies that could provide support and assistance to the trainees' effort, e.g. cooperation with state hospital associations, activities in conjunction with Delta Sigma Theta Sorority
- coordination of activities with health-related programs or organizations already existing in the school, e.g. meetings

with the Science Club, Home Economics Club, etc.; forming an alliance with the pratical nursing program
- participation in Career Week as presenter for Allied Health Careers

Administration Support or Constraints

Most school administrations were supportive of the activities. Some provided direct input in several of the activities and encouraged further activities. Only two (2) principals appeared to be less than positive toward the efforts made by the trainees. Their concern was that the activities in allied health counseling may detract from the trainees' regular duties or functions.

Some activities that the trainees had planned to initiate were not in effect because school board approval was viewed as necessary, e.g. establishment of a course entitled "Introduction to Health Careers".

Student Reaction

The students interviewed seemed to be impressed with the presentations and activities of the trainees. One group of students remarked about their teacher's enthusiasm upon returning from the workshop. Several students in most schools participated in the allied health counseling after-school activities. In two health clubs the students inquired about and sought positions as volunteers in local health facilities. In one high school more students than anticipated enrolled in the club: therefore, the students attended field trips and other outside activities on a rotating basis.

Faculty Involvement and Reaction

The majority of the trainees gave presentations to their faculty upon returning from the training program. Teachers and counselors expressed surprise and concern about the low number of minorities in the allied health professions. Many were supportive of the effort to increase minority enrollment in science and mathematics classes, but a few teachers, especially in science and mathematics, expressed a concern about lowering their standards and level of work when such students were admitted to more advanced classes. These same teachers in Cleveland disagreed with the need for tutorial services. They felt that this was a function of the student council only.

In most instances, the faculty was supportive and aided in the establishment and development of many activities. Two examples: one teacher, registered as a medical technologist, talked to the health club; one teacher's husband, a hospital administrator, arranged a tour of the facility for the health club.

Overall the trainees did a good job in implementing the skills and theories presented in the training program. As in most programs, there was one instance where the efforts were less than what was expected. And of course there was one or two excellent examples where the student-trainee-faculty-administration interaction was ideal. Southern University, New Orleans submitted a proposal dealing with allied health education in the New Orleans school system, with emphasis on George W. Carver

and Booker T. Washington High schools. Tennessee State University also submitted a proposal concerning allied health education. The trainee from one Cleveland school is working with the allied health education section of the school's new career education program. Booker T. Washington, New Orleans and Scotlandville, Baton Rouge have extensive activities planned for health career clubs. The trainee at Clark College has traveled to several states recruiting for allied health training programs at Clark. The program at George W. Carver, New Orleans has had a slow start, but working with members of the school board has led to improvements. One trainee in Cleveland has had several sessions with faculty and administration on the need for minority enrollment in the sciences and mathematics.

APPENDIX A

An Explanation

You are about to begin an experimental program from which will evolve an innovative program for aiding in the career development of minorities. In order that we be able to indicate the process and its effectiveness, it is necessary that you complete a questionnaire. It requires that you be as honest, thorough and frank as possible.

Directions

On the page following this sheet there is a place for you to indicate a code. This is for reference purposes only. We are not interested in knowing your individual responses to the questionnaire. PLEASE CHOOSE ANY FOUR DIGIT CODE WHICH YOU WOULD LIKE, AND PLACE IT IN THE BLANK. Be sure to make a note of that code number somewhere. You will be asked to use it again during the conference.

Please complete each section before going on to the next, and do not change a response once you have gone on to another section. The questionnaire MUST be completed prior to the beginning of the first session Monday morning (January 6).

Thank you,

ISE Evaluation Staff

CODE _____

PLEASE COMPLETE THE ITEMS BELOW BY CHECKING THE ALTERNATIVE WHICH APPLIES TO YOU:

1. What is your present job? Teacher___ Counselor ___ Other ___

2. In what setting do you work?

   Secondary School _____ College or University _____ Other (Specify) _____

3. What was your college major? _____

4. If teacher, what subject? _____

5. If counselor, what is your responsibility _____

   _____

6. Sex: Male _____ Female _____

7. Number of years in present position _____

FOLLOWING ARE FOUR STATEMENTS BY FOUR FICTITIOUS YOUNG PEOPLE. PLEASE READ THROUGH EACH STATEMENT CAREFULLY BUT QUICKLY. ASSUME THAT THE INDIVIDUAL HAS MADE THE STATEMENT TO YOU. THEN, FROM ANY FRAME OF REFERENCE YOU CHOOSE, INDICATE HOW YOU WOULD COUNSEL OR ADVISE THE STUDENT. BE VERY SPECIFIC. ACTUALLY DESIGN A COMPLETE PROCEDURE WHICH YOU MIGHT CONCEIVABLY USE WERE YOU ACTUALLY FACED WITH THE PROBLEM.

Statement by a sixteen year old male:

"The thing that is most difficult for me to understand, and the scariest, too, is that I really don't know what to do with my life. I know what people expect me to do. They want me to become a teacher like dad. I really don't have any objection to teaching. It just seems like there ought to be more for me. Like, I really want to think I have a little bit more to contribute. I'm going to college, but this is the most frightened I've ever been. I'm scared that I still won't know what to do after I've wasted two years and all that money. College is just too expensive to waste time on."

Statement of an eighth grade Black female:

"I really haven't thought very much about what I'll do for a career. I've got plenty of time to do that. I've heard most colleges don't really care if you have a major when you get there as a freshman. I'll probably go into Dentistry or Nursing or something like that. Those are decisions I can make much later. The immediate problem is to map out my courses in high school for the next four years. I want to take a language, and some music, for sure. I only want to take the minimum amount of math and science required to graduate from high school. I've heard you can pick up all those hard courses in your first year of college."

Statement of a Black college junior:

"Well, you see, here's my problem. I've got one more year to go in school. I'll graduate with a 3.5 accum' and a major in microbiology. I've applied to medical school and have not been accepted. If I can't get into medical school, then I've wasted three years of my life.

Statement by a Black college freshman,

"When I decided to go to college, I was so sure that I know what I wanted to do. I even declared a major in chemistry during my first quarter. I haven't done that badly. In fact, you might as well know, I've done quite well. For that matter, I've always done well in science and math. The problem is that if I do decided to get a degree in one of them, I don't know what I'll do with it when I finally do graduate. I used to think I might go into medicine or dentistry, but the older I get the further off that possibility gets. It would be great to be able to go to medical school. I just don't think I can wait ten or twelve years to start earning a living. Any way, I really don't know that much about either one of them. Maybe I'll go to law school or something."

COMPLETE THE FOLLOWING ITEMS BY INDICATING THE DIRECTION AND DEGREE OF YOUR FEELINGS ABOUT THEM. CIRCLE THE NUMBER WHICH BEST EXPRESSES YOUR FEELINGS.

1. There is not very much that a teacher can do to motivate students to enter one profession over another.

strongly disagree	3	2	1	0	1	2	3	strongly agree

2. I expect ISE to tell me specifically how I can recruit minorities into the health professions as the major outcome of this conference.

strongly disagree	3	2	1	0	1	2	3	strongly agree

3. I have some very definite ideas about how minorities should be recruited into the health professions.

strongly disagree	3	2	1	0	1	2	3	strongly agree

4. The failure of minorities to attempt to enter the health professions is primarily related to a fear of failure.

strongly disagree	3	2	1	0	1	2	3	strongly agree

5. There is very little which can be done to change the psychological set which minorities have regarding the difficulties of entering the health professions.

strongly disagree	3	2	1	0	1	2	3	strongly agree

6. Using the mechanism of group interaction is an extremely effective way of counseling students about entry into the health professions.

strongly disagree	3	2	1	0	1	2	3	strongly agree

7. Making books, pamphlets and other written materials available to students about the health professions has been a very effective way of informing students about different occupations.

strongly disagree	3	2	1	0	1	2	3	strongly agree

8. At present I have a wealth of current knowledge about the many different health professions.

strongly disagree	3	2	1	0	1	2	3	strongly agree

9. I have a good working knowledge of group processes.

strongly disagree	3	2	1	0	1	2	3	strongly agree

10. The career development of minorities is essentially the same as that for the population as a whole.

strongly disagree	3	2	1	0	1	2	3	strongly agree

11. Given the opportunity, I would feel perfectly comfortable conducting a group experience with a group of students.

strongly disagree	3	2	1	0	1	2	3	strongly agree

12. I am aware of what most career development specialist have to say about career decision making.

strongly disagree	3	2	1	0	1	2	3	strongly agree

13. I am aware of the high school requirements necessary for entry into most of the health professions.

strongly disagree	3	2	1	0	1	2	3	strongly agree

14. I experienced many of the frustrations of making a decision about a career which most young adults today are experiencing.

strongly disagree 3 2 1 0 1 2 3 strongly agree

15. Young people today need counseling in social and psychological areas more so than in academic areas.

strongly disagree 3 2 1 0 1 2 3 strongly agree

16. I am very happy with my own career choice.

strongly disagree 3 2 1 0 1 2 3 strongly agree

17. Most counseling of students, as it is now performed, is a waste of time when it comes to helping them to make decisions about a career.

strongly disagree 3 2 1 0 1 2 3 strongly agree

18. Elementary and secondary education for minorities needs to get back to a strict attention to the three R's and away from attempting to meet personal needs of students.

strongly disagree 3 2 1 0 1 2 3 strongly agree

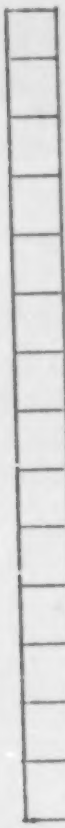
19. If I can develop a detailed program for counseling and recruiting minorities in the health areas, I am confident that I would get backing from my superiors in setting it up at my home institution.

strongly disagree 3 2 1 0 1 2 3 strongly agree

20. I feel that this four week program will be very beneficial in giving me skills in helping students to make career decisions.

strongly disagree 3 2 1 0 1 2 3 strongly agree

IDENTIFY AS MANY AREAS AS YOU CAN WHICH FIT UNDER THE HEADING HEALTH PROFESSIONS. PLACE A CHECK IN THE BOX TO THE LEFT OF THOSE WHICH YOU FEEL YOU HAVE SUFFICIENT INFORMATION ON WHICH TO COUNSEL STUDENTS.



1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

BELOW ARE LISTED SOME POSSIBLE BARRIERS WHICH PREVENT MINORITIES FROM ENTERING THE HEALTH PROFESSIONS. READ THROUGH THE LIST AND CHECK THE THREE WHICH YOU THINK HAVE THE MOST INFLUENCE ON MINORITIES NOT ENTERING THE HEALTH PROFESSIONS. ONCE YOU HAVE CHOSEN THREE DECIDED WHICH ONE IS MOST INFLUENTIAL AND PLACE THE NUMBER ONE (1) BESIDE THE ITEM, THE NUMBER TWO (2) BESIDE THE SECOND MOST INFLUENTIAL, AND THE NUMBER THREE BESIDE THE THIRD.

IF YOU KNOW OF OTHER BARRIERS ADD THEM UNDER OTHERS AND RANK THEM JUST AS ABOVE.

Minorities do not enter the health professions because of:

____1. Irrational fear of scientific disciplines

____2. Lack of educational background

____3. Lack of adequate information on these areas

____4. Lack of financial support

____5. Institutional efforts to keep them out

____6. Lack of encouragement from home

____7. Lack of encouragement from teachers and counselors

____8. Lack of inner motivation

____9. Other (specify) _____

___10. Other (specify) _____

___11. Other (specify) _____

THIS CONFERENCE IS DESIGNED TO PROVIDE YOU WITH INFORMATION WHICH WILL HELP YOU IN FORMULATING SOME IDEAS ABOUT THE PROBLEM OF RECRUITING, ADVISING OR COUNSELING MINORITIES INTO THE HEALTH PROFESSIONS. BEFORE ENTERING THE CONFERENCE PROCESS WE WOULD LIKE FOR YOU TO FORMULATE YOUR PERCEPTIONS OF THE PROBLEM AND ITS SOLUTION. PLEASE PROVIDE CANDID RESPONSES TO THE FOLLOWING QUESTIONS.

In as many words as you feel are necessary, define the problem.

Provide what you see as a solution to the problem.
(Actually organize a program for solving the problem)

APPENDIX B

AN EXPLANATION

Now that you have completed the conference process, you are probably organizing some things in your mind. Just this same process is going on with the conference organizers. To aid in this process we need to have you complete this post conference questionnaire. It requires that you be as honest, thorough and frank as possible.

Directions

On the page following this sheet there is a place for you to indicate a code. You chose such a four digit code at the beginning of the conference. Record that number at the top of the page.

Please complete each section before going to the next, and do not change a response once you have gone on to the next section. The questionnaire MUST be completed before you depart the conference.

Thank you,

ISE Evaluation Staff

CODE _____

FOLLOWING ARE FOUR STATEMENTS BY FOUR FICTITIOUS YOUNG PEOPLE. PLEASE READ THROUGH EACH STATEMENT CAREFULLY BUT QUICKLY. ASSUME THAT THE INDIVIDUAL HAS MADE THE STATEMENT TO YOU. THEN, FROM ANY FRAME OF REFERENCE YOU CHOOSE, INDICATE HOW YOU WOULD COUNSEL OR ADVISE THE STUDENT. BE VERY SPECIFIC. ACTUALLY DESIGN A COMPLETE PROCEDURE WHICH YOU MIGHT CONCEIVABLY USE WERE YOU ACTUALLY FACED WITH THE PROBLEM.

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Statement of a Black college student:

"Well, you see, here's my problem. I've got one more year to go in school. I'll graduate with a"3.5 accum" and a major in microbiology. I've applied to medical school and have not been accepted. If I can't get into medical school, then I've wasted three years of my life."

Statement by a Black college freshman:

"When I decided to go to college, I was so sure that I knew what I wanted to do. I even declared a major in chemistry during my first quarter. I haven't done that badly. In fact, you might as well know, I've done quite well. For that matter, I've always done well in science and math. The problem is that if I do decide to get a degree in one of them, I don't know what I'll do with it when I finally do graduate. I used to think I might go into medicine or dentistry, but the older I get the further off that possibility gets. It would be great to be able to go to medical school. I just don't think I can wait ten or twelve years to start earning a living. Any way, I really don't know that much about either one of them. Maybe I'll go to law school or something."

COMPLETE THE FOLLOWING ITEMS BY INDICATING THE DIRECTION AND DEGREE OF YOUR FEELINGS ABOUT THEM. CIRCLE THE NUMBER WHICH BEST EXPRESSES YOUR FEELINGS.

1. There is not very much that a teacher can do to motivate students to enter one profession over another.

strongly disagree							strongly agree
3	2	1	0	1	2	3	

2. This conference provided me with specific information on how I can establish a program for recruiting minorities into the health professions.

strongly disagree							strongly agree
3	2	1	0	1	2	3	

3. I have gained some very definite ideas about the problems which minorities face in entering the health professions.

strongly disagree							strongly agree
3	2	1	0	1	2	3	

4. The failure of minorities to attempt to enter the health professions is primarily related to a fear of failure.

strongly disagree							strongly agree
3	2	1	0	1	2	3	

5. There is very little which can be done to change the psychological set which minorities have regarding the difficulties of entering the health professions.

strongly disagree							strongly agree
3	2	1	0	1	2	3	

6. Using the mechanism of"group interaction"is an extremely effective way of counseling students about entry into the health professions.

strongly disagree							strongly agree
3	2	1	0	1	2	3	

7. Making books, pamphlets and other written materials available to students about the health professions has been a very effective way of informing students about different occupations.

strongly disagree 3 2 1 0 1 2 3 strongly agree

8. I have a wealth of <u>current</u> knowledge about the many different health professions.

strongly disagree 3 2 1 0 1 2 3 strongly agree

9. I have a good working knowledge of group processes.

strongly disagree 3 2 1 0 1 2 3 strongly agree

10. The career development of minorities is essentially the same as that for the population as a whole.

strongly disagree 3 2 1 0 1 2 3 strongly agree

11. Given the opportunity, I would feel perfectly comfortable conducting a"group experience"with a group of students.

strongly disagree 3 2 1 0 1 2 3 strongly agree

12. I am aware of what most career development specialist have to say about career decision making.

strongly disagree 3 2 1 0 1 2 3 strongly agree

13. I am aware of the high school requirements necessary for entry into most of the health professions.

strongly disagree 3 2 1 0 1 2 3 strongly agree

14. I experienced many of the frustrations of making a decision about a career which most young adults today are experiencing.

strongly disagree 3 2 1 0 1 2 3 strongly agree

15. Young people today need counseling in social and psychological areas more so than in academic areas.

strongly disagree 3 2 1 0 1 2 3 strongly agree

16. I am very happy with my own career choice.

strongly disagree 3 2 1 0 1 2 3 strongly agree

17. Most counseling of students, as it is now performed, is a waste of time when it comes to helping them to make decisions about a career.

strongly disagree 3 2 1 0 1 2 3 strongly agree

18. Elementary and secondary education for minorities need to get back to strict attention to the three R's and away from attempting to meet the personal needs of students.

strongly disagree 3 2 1 0 1 2 3 strongly agree

19. If I can develop a detailed program for counseling and recruiting minorities in the health areas, I am confident that I would get backing from my superiors in setting it up at my home institution.

strongly disagree 3 2 1 0 1 2 3 strongly agree

20. I feel that this four week program has been very beneficial in giving me skills in helping students to make career decisions.

strongly disagree 3 2 1 0 1 2 3 strongly agree

LIST THE THREE AREAS WHICH YOU CONSIDER TO BE MOST SIGNIFICANT IN THE FAILURE OF MINORITIES TO ENTER THE HEALTH PROFESSIONS.

Most Significant 1. _____

Second Most Significant 2. _____

Third Most Significant 3. _____

BELOW INDICATE HOW YOU FEEL ABOUT YOUR EXPERENCES OF THE PAST FOUR WEEKS. RESPOND IN SUCH A WAY AS TO INDICATE THE DIRECTION AND DEGREE OF YOUR FEELINGS ON EACH OF THE PROCESSES.

1. The seminar topics were,

very irrelevant 3 2 1 0 1 2 3 very relevant

2. The seminar presenters were

poor 3 2 1 0 1 2 3 excellent

3. The conference was,

poorly organized 3 2 1 0 1 2 3 well organized

4. The conference setting was,

poor 3 2 1 0 1 2 3 excellent

5. The materials passed out were,

irrelevant 3 2 1 0 1 2 3 very relevant

6. The ISE staff was,

not helpful 3 2 1 0 1 2 3 very helpful

7. My accommodations were,

poor 3 2 1 0 1 2 3 excellent

INDICATE FOR EACH OF THE HEALTH CAREERS LISTED BELOW, THE COMPETENCE LEVEL WHICH YOU HAVE IN COUNSELING STUDENTS.

	No Competence 1	2	3	Average Competence 4	5	High Competence 6	7
Electroencephalographic Technician							
Inhalation Technician							
Inhalation Therapist							
Optometric Assistant							
Optometrist							
Dental Hygienist							
Medical Laboratory Technologist							
Medical Technologist							
Cytotechnologist							
Medical Assistant							
Medical Record Technician							
Medical Record Administrator							
Certified Technician							
Radiologic Technologist							
Nuclear Medical Technologist							

	No Competence 1	2	3	Average Competence 4	5	6	High Competence 7
Electrocardiograph Technician							
Dentist							
Pharmacist							
Operating Room Technician							
Physical Therapist							
Physical Therapist Assistant							
Veterinarian							
Dietetic Technician							
Sanitarian							
Dietitian							
Registered Nurse							
Licensed Practical Nurse							

APPENDIX C

CODE _____

DATE _____

Directions: In order to evaluate the different conference activities while they are fresh in you mind, the evaluation staff would like for you to complete one of these short questionnaires for each of the conference seminars or workshops. You should turn in each days questionnaires at the first session of the succeeding day.

Title of seminar _____

Presenter _____

The presenter was

poor 3 2 1 0 1 2 3 excellent

The material was

irrelevant 3 2 1 0 1 2 3 very relevant

The material was

very uninteresting 3 2 1 0 1 2 3 very interesting

The session as a whole

did not fullfill any of my needs 3 2 1 0 1 2 3 fullfilled many of my needs

Use this space to make any comments you might wish to make concerning the seminar or workshop:

POST-CONFERENCE RE-EVALUATION OF
PRESENTAIONS

Attached are identified the seminars and presentations which were a part of the training program. Please go through and re-evaluate each as honestly as you can.

APPENDIX D

Clinicals

Health Care Administration and Planning

1. What positive things stick in your mind about the presentation?

a. _____

b. _____

c. _____

2. What negative things stick in your mind about the presentation?

a. _____

b. _____

c. _____

Introductory Group Marathon

1. What positive things stick in your mind about the presentation?

   a. _____

   b. _____

   c. _____

2. What negative things stick in your mind about the presentation?

   a. _____

   b. _____

   c. _____

APPENDIX E

Allied Health Counselor Counseling Technique
Evaluation Form

INSTRUCTIONS: Carefully read the responses made by each of the participants to each of the student statements. Then complete one of these forms for each response for each participant. (You should complete four (4) of these forms for each participant) Check the response which best applies.

1. Does the counselor seem to have a clear theoretical orientation?

____very clear
____clear
____not at all

2. Is there a linear progression toward meeting the student's needs?

____very clear linear progression
____linear progression
____no evidence of linear progression

3. Is the approach used by the counselor creative?

____very creative
____a standard approach
____not an acceptible approach

4. Does the counselor indicate a knowledge of reference materials/ persons available to the student?

____very clearly knowledgeable
____some knowledge
____not knowledgeable at all

5. Is there a health-care-occupations-orientation evidenced by the counselor in working with the student?

____very health care occupations oriented
____some health care occupations oriented
____no health care occupations orientation at all

6. Is there an identification of the student's problem as a minority career decision problem?

____clear identification
____cursory identification
____no identification

7. In which of the following counseling areas is the counselor most lacking?

____technique
____theory
____information
____sensitivity
____(other) identify_____